MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- July 31, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	610,823.27
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	1,333,659.25
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 31, 2019	$	1,944,482.52

APPROVED

JUL 31 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 31, 2019

PAYABLES AND PAYROLL			
7/26/2019	Weekly Payables	534,190.89	
7/26/2019	Ashford-Nursing home insurance payment sent to MMC in error	14,768.00	
7/26/2019	Solera-Nursing home payment sent to MMC in error	3,000.00	
7/26/2019	Broadmoor-Nursing home insurance payment sent to MMC in error	93.34	
7/26/2019	Crescent-Nursing home insurance payment sent to MMC in error	13,680.00	
7/26/2019	Gulf Pointe Plaza-Nursing home insurance payment sent to MMC in error	2,070.00	
7/26/2019	Goldencreek-Nursing home insurance pymt sent to MMC in error	37,185.32	
7/29/2019	McKesson-340B Prescription Expense	5,210.35	
7/29/2019	Amerisource Bergen-340B Prescription Expense	361.39	
	Prosperity Electronic Bank Payments		
7/22/2019	Credit Card & Lease Fees	151.23	
7/22-7/26/19	Pay Plus-Patient Claims Processing Fee	112.75	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 610,823.27**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
7/29/2019	Nursing Home UPI	1,200,451.26	
7/29/2019	Nursing Home UPI	57,207.23	
7/29/2019	Nursing Home UPI	7,517.84	
QIPP/INTEREST CHECKS TO MMC			
7/29/2019	Ashford	32,879.49	
7/29/2019	Solera	9,361.37	
7/29/2019	Crescent	6,368.52	
7/29/2019	Broadmoor	6,407.27	
7/29/2019	Fort Bend	13,466.27	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,333,659.25**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 31, 2019			**$ 1,944,482.52**

07/25/2019 MEMORIAL MEDICAL CENTER 0
10:23 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/07/2019

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1544	CREDENTIALING	07/12/20	07/02/20	08/02/20			398.00	0.00	0.00	398.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	398.00	0.00	0.00	398.00

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
135730	SUPPLIES (Respiratory)	07/09/20	07/08/20	08/02/20			38.57	0.00	0.00	38.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	38.57	0.00	0.00	38.57

Vendor#	Vendor Name	Class	Pay Code
10299	ACOG DISTRIBUTION CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
52319234	PATIENT EDUCATION	07/23/20	05/06/20	06/06/20			58.65	0.00	0.00	58.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10299	ACOG DISTRIBUTION CENTER	58.65	0.00	0.00	58.65

Vendor#	Vendor Name	Class	Pay Code
12532	ADVANCED PLUMBING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3824	BACKFLOW TEST (MMC Clinic)	07/24/20	07/10/20	07/10/20			120.00	0.00	0.00	120.00
3825	ANNUAL GAS TEST (MMC)	07/24/20	07/12/20	07/12/20			500.00	0.00	0.00	500.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12532	ADVANCED PLUMBING	620.00	0.00	0.00	620.00

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9656094728	SUPPLIES	07/16/20	07/08/20	08/07/20			3,275.60	0.00	0.00	3,275.60
9656040861	SUPPLIES	07/22/20	06/27/20	07/27/20			795.00	0.00	0.00	795.00
9656056781	SUPPLIES	07/22/20	07/01/20	07/31/20			318.00	0.00	0.00	318.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	4,388.60	0.00	0.00	4,388.60

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
072319	CONTRACT EMPLOYEE (7/5-7/18/19)	07/23/20	07/23/20	07/23/20			2,646.00	0.00	0.00	2,646.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,646.00	0.00	0.00	2,646.00

Vendor#	Vendor Name				Class	Pay Code				
A1553	APPLIED CARDIAC SYSTEMS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0034653IN		07/23/20	06/30/20	07/10/20		2,400.00	0.00	0.00	2,400.00
		3YR SRV CTRACT HOLTER M(								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1553	APPLIED CARDIAC SYSTEMS				2,400.00	0.00	0.00	2,400.00
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	107845560		07/16/20	07/08/20	08/02/20		43.84	0.00	0.00	43.84
		SUPPLIES								
	107845797		07/16/20	07/08/20	08/02/20		64.06	0.00	0.00	64.06
		SUPPLIES								
	107846033		07/16/20	07/08/20	08/02/20		190.03	0.00	0.00	190.03
		SUPPLIES								
	10785407 0		07/24/20	07/12/20	08/06/20		4,233.46	0.00	0.00	4,233.46
		HEMATOLOGY BILLING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				4,531.39	0.00	0.00	4,531.39
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	072219		07/22/20	07/22/20	07/22/20		250,000.00	0.00	0.00	250,000.00
		2ND PAYMENT 2019 $1000000 (150,000.00 payment)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY				250,000.00	0.00	0.00	250,000.00
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8001972125		07/23/20	06/16/20	07/11/20		253.66	0.00	0.00	253.66
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				253.66	0.00	0.00	253.66
Vendor#	Vendor Name				Class	Pay Code				
11004	CSI LEASING INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	RT00233341		06/28/20	06/21/20	08/01/20		2,965.64	0.00	0.00	2,965.64
		NURSE CALL SYSTEM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11004	CSI LEASING INC				2,965.64	0.00	0.00	2,965.64
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5768490		07/12/20	07/08/20	08/02/20		87.97	0.00	0.00	87.97
		SUPPLIES								
	5766860		07/12/20	07/08/20	08/02/20		94.95	0.00	0.00	94.95
		SUPPLIES								
	5766870		07/12/20	07/08/20	08/02/20		5.00	0.00	0.00	5.00
		SUPPLIES								
	5771350		07/19/20	07/11/20	08/05/20		11.42	0.00	0.00	11.42
		SUPPLIES								

5771470		07/19/20	07/11/20	08/05/20	91.71	0.00	0.00	91.71
	SUPPLIES							
5771900		07/19/20	07/12/20	08/06/20	19.59	0.00	0.00	19.59
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	310.64	0.00	0.00	310.64

Vendor# 10892 Vendor Name: DIANE MOORE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
072119		07/23/20	07/21/20	07/21/20			169.36	0.00	0.00	169.36
	TRAVEL/THT HEALTH CONF erence 7/17-7/20/19 (Mileage)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10892	DIANE MOORE	169.36	0.00	0.00	169.36

Vendor# 10789 Vendor Name: DISCOVERY MEDICAL NETWORK INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC071519		07/24/20	07/15/20	07/15/20			133,798.58	0.00	0.00	133,798.58
	PRO FEES Physcian payroll ending 7/15/19									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	133,798.58	0.00	0.00	133,798.58

Vendor# 11196 Vendor Name: DON BROWN ELEVATOR INSPECTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4577		07/24/20	07/14/20	07/14/20			900.00	0.00	0.00	900.00
	ANNUAL SAFET INSPECTION									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11196	DON BROWN ELEVATOR INSPECTIONS	900.00	0.00	0.00	900.00

Vendor# E1070 Vendor Name: EDWARDS PLUMBING INC — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
61502		07/22/20	07/22/20	07/22/20			3,400.00	0.00	0.00	3,400.00
	MEDICAL GAS MANIFOLD INSTallation									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1070	EDWARDS PLUMBING INC	3,400.00	0.00	0.00	3,400.00

Vendor# T0383 Vendor Name: ERIN CLEVENGER — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
072219		07/22/20	07/22/20	07/22/20			230.52	0.00	0.00	230.52
	TRAVEL/ THT HEALTCARE CONference (7/17-7/20/19) (Mileage/Meals)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER	230.52	0.00	0.00	230.52

Vendor# 10003 Vendor Name: FILTER TECHNOLOGY CO, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
102597		07/22/20	06/28/20	07/28/20			2,959.92	0.00	0.00	2,959.92
	FILTERS FOR FACILITY									
102523		07/22/20	07/03/20	08/02/20			450.26	0.00	0.00	450.26
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	3,410.18	0.00	0.00	3,410.18

Vendor# Vendor Name — Class — Pay Code

F1400 FISHER HEALTHCARE ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9649322 ✓		07/16/20	07/08/20	08/02/20		20.00	0.00	0.00	20.00 ✓
	SUPPLIES								
9649319 ✓		07/16/20	07/08/20	08/02/20		65.64	0.00	0.00	65.64 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	85.64	0.00	0.00	85.64

Vendor# Vendor Name — Class — Pay Code

W1300 GRAINGER ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9223597023 ✓		07/22/20	07/03/20	07/28/20		74.50	0.00	0.00	74.50 ✓
	SUPPLIES								
9226281898 ✓		07/22/20	07/08/20	08/02/20		58.00	0.00	0.00	58.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	132.50	0.00	0.00	132.50

Vendor# Vendor Name — Class — Pay Code

G1210 GULF COAST PAPER COMPANY ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1697900 ✓		07/09/20	07/02/20	08/01/20		109.89	0.00	0.00	109.89 ✓
	SUPPLIES								
1697903 ✓		07/11/20	07/02/20	08/01/20		644.93	0.00	0.00	644.93 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	754.82	0.00	0.00	754.82

Vendor# Vendor Name — Class — Pay Code

12380 HEALTH SOLUTIONS DIETETICS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072219		07/25/20	07/22/20	07/22/20		3,000.00	0.00	0.00	3,000.00 ✓
	DIETICAN 7/5-7/25/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	3,000.00	0.00	0.00	3,000.00

Vendor# Vendor Name — Class — Pay Code

11552 HEALTHCARE EQUIPMENT FINANCE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100178038 ✓		07/22/20	07/08/20	08/01/20		7,154.17	0.00	0.00	7,154.17 ✓
	LEASE								
100178037 ✓		07/22/20	07/08/20	08/01/20		4,919.41	0.00	0.00	4,919.41 ✓
	LEASE Interest 916.78								
100178039 ✓		07/22/20	07/08/20	08/01/20		3,334.17	0.00	0.00	3,334.17 ✓
	LEASE Interest 341.94								
100178040 ✓		07/22/20	07/08/20	08/01/20		1,797.44	0.00	0.00	1,797.44 ✓
	LEASE Interest 339.43								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE EQUIPMENT FINANCE	17,205.19	0.00	0.00	17,205.19

Vendor# Vendor Name — Class — Pay Code

J1300 JECKER FLOOR & GLASS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
78576 ✓		07/23/20	06/11/20	06/21/20		50.00	0.00	0.00	50.00 ✓
	GREY COVE BASE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	J1300	JECKER FLOOR & GLASS				50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code			
11275	KYLE DANIEL Day travel								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	071719		07/22/20	07/17/20	07/17/20	32.02 ~~46.02~~	0.00	0.00	~~46.02~~ 32.02
		TRAVEL/REGIONAL ADVISORY council meeting 7/17/19 (mileage)							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11275	KYLE DANIEL			32.02 ~~46.02~~	0.00	0.00	~~46.02~~ 32.02
Vendor#	Vendor Name				Class	Pay Code			
11600	LEGAL SHIELD ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	071519		07/22/20	07/15/20	07/15/20	1,483.60	0.00	0.00	1,483.60 ✓
		INSURANCE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD			1,483.60	0.00	0.00	1,483.60
Vendor#	Vendor Name				Class	Pay Code			
10972	M G TRUST ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	072219		07/23/20	07/05/20	07/05/20	1,190.86	0.00	0.00	1,190.86 ✓
		PAYROLL DED							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10972	M G TRUST			1,190.86	0.00	0.00	1,190.86
Vendor#	Vendor Name				Class	Pay Code			
M1344	MAINE STANDARDS CO., LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	1917977 ✓		07/24/20	06/04/20	06/04/20	1,423.64	0.00	0.00	1,423.64 ✓
		YRLY EVAL SUBSCRIPTION							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M1344	MAINE STANDARDS CO., LLC			1,423.64	0.00	0.00	1,423.64
Vendor#	Vendor Name				Class	Pay Code			
M2178	MCKESSON MEDICAL SURGICAL INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	56702316 ✓		07/24/20	06/14/20	06/29/20	54.72	0.00	0.00	54.72 ✓
		SUPPLIES							
	56948382 ✓		07/24/20	06/18/20	07/03/20	70.72	0.00	0.00	70.72 ✓
		SUPPLIES							
	58235565 ✓		07/24/20	07/04/20	07/19/20	418.97	0.00	0.00	418.97 ✓
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC			544.41	0.00	0.00	544.41
Vendor#	Vendor Name				Class	Pay Code			
12588	MEDICAL TECHNOLOGY ASSOCIATES ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	INV158390 ✓		07/22/20	06/30/20	07/25/20	5,185.05	0.00	0.00	5,185.05 ✓
		REPLACE NITROUS OXIDE M/							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		12588	MEDICAL TECHNOLOGY ASSOCIATES			5,185.05	0.00	0.00	5,185.05
Vendor#	Vendor Name				Class	Pay Code			
M2827	MEDIVATORS ✓				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	90180863 ✓		07/22/20	06/27/20	07/27/20	232.08	0.00	0.00	232.08 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	232.08	0.00	0.00	232.08

Vendor# M2470 Vendor Name: MEDLINE INDUSTRIES INC ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1881402977 ✓		07/16/20	07/09/20	08/03/20			11.46	0.00	0.00	11.46 ✓
	SUPPLIES									
1881402978 ✓		07/16/20	07/09/20	08/03/20			19.00	0.00	0.00	19.00 ✓
	SUPPLIES									
1881402976 ✓		07/16/20	07/09/20	08/03/20			30.79	0.00	0.00	30.79 ✓
	SUPPLIES									
1881518172 ✓		07/16/20	07/10/20	08/04/20			23.17	0.00	0.00	23.17 ✓
	SUPPLIES	freight 17.67 on 5.50 cast boot (1)								
1881518170 ✓		07/16/20	07/10/20	08/04/20			1,660.00	0.00	0.00	1,660.00 ✓
	SUPPLIES									
1881518171 ✓		07/16/20	07/10/20	08/04/20			21.10	0.00	0.00	21.10 ✓
	SUPPLIES	freight 16.83 on 4.27 IV tubing label (1)								
1881518166 ✓		07/16/20	07/10/20	08/04/20			934.63	0.00	0.00	934.63 ✓
	SUPPLIES									
1881518174 ✓		07/16/20	07/10/20	08/04/20	5.03		38.57	0.00	0.00	38.57 ✓
	SUPPLIES	freight 33.54 - shoe, open toe Adult (1)								
1880028305 ✓		07/22/20	06/20/20	07/15/20			209.50	0.00	0.00	209.50 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	2,948.22	0.00	0.00	2,948.22

Vendor# 10963 Vendor Name: MEMORIAL MEDICAL CLINIC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
070519		07/23/20	07/05/20	07/05/20			195.17	0.00	0.00	195.17 ✓
	PAYROLL DEDuction for employee/family co-pays									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	195.17	0.00	0.00	195.17

Vendor# 10904 Vendor Name: MERCK SHARP & DOHME CORP ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7013225719 ✓		06/24/20	05/23/20	08/07/20			1,204.29	0.00	0.00	1,204.29 ✓
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	1,204.29	0.00	0.00	1,204.29

Vendor# M2659 Vendor Name: MERRY X-RAY/SOURCEONE HEALTHCA ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800474348 ✓		07/23/20	06/20/20	07/20/20			430.19	0.00	0.00	430.19 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	430.19	0.00	0.00	430.19

Vendor# 10791 Vendor Name: MINDRAY DS USA, INC. ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0600716730 ✓		07/22/20	06/26/20	07/16/20			103.74	0.00	0.00	103.74 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA, INC.	103.74	0.00	0.00	103.74

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072219	INSURANCE	07/23/20	07/22/20	07/22/20		13,845.44	0.00	0.00	13,845.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	13,845.44	0.00	0.00	13,845.44

Vendor#	Vendor Name	Class	Pay Code
10536	MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4457008		07/22/20	07/16/20	07/26/20		2.41	0.00	0.00	2.41
4460015	INVENTORY	07/22/20	07/16/20	07/26/20		6.27	0.00	0.00	6.27
4460014	INVENTORY	07/22/20	07/16/20	07/26/20		339.17	0.00	0.00	339.17
4457007	INVENTORY	07/22/20	07/16/20	07/26/20		48.67	0.00	0.00	48.67
3236	INVENTORY	07/22/20	07/16/20	07/26/20		-1,052.75	0.00	0.00	-1,052.75
3159	CREDIT	07/22/20	07/16/20	07/26/20		-9.85	0.00	0.00	-9.85
4460016	CREDIT	07/22/20	07/16/20	07/26/20		764.58	0.00	0.00	764.58
2859	INVENTORY	07/22/20	07/16/20	07/26/20		-88.20	0.00	0.00	-88.20
4464186	CREDIT	07/22/20	07/17/20	07/27/20		1,873.22	0.00	0.00	1,873.22
4463771	INVENTORY	07/22/20	07/17/20	07/27/20		662.10	0.00	0.00	662.10
4464017	INVENTORY	07/22/20	07/17/20	07/27/20		128.26	0.00	0.00	128.26
4464185	INVENTORY	07/22/20	07/17/20	07/27/20		121.68	0.00	0.00	121.68
4464187	INVENTORY	07/22/20	07/17/20	07/27/20		457.41	0.00	0.00	457.41
4472904	INVENTORY	07/22/20	07/19/20	07/29/20		85.31	0.00	0.00	85.31
4472972	INVENTORY	07/22/20	07/19/20	07/29/20		6,162.48	0.00	0.00	6,162.48
4472973	INVENTORY	07/22/20	07/19/20	07/29/20		364.51	0.00	0.00	364.51
4472974	INVENTORY	07/22/20	07/19/20	07/29/20		57.77	0.00	0.00	57.77
4283343	INVENTORY	07/23/20	05/30/20	06/09/20		55.52	0.00	0.00	55.52
4294644	INVENTORY	07/23/20	06/03/20	06/13/20		55.52	0.00	0.00	55.52
4338172	INVENTORY	07/23/20	06/13/20	06/23/20		193.97	0.00	0.00	193.97

	INVENTORY							
4361879		07/23/20	06/19/20	06/29/20	113.05	0.00	0.00	113.05
	INVENTORY							
3377A		07/23/20	07/16/20	07/16/20	-136.53	0.00	0.00	-136.53
	CREDIT							
3482		07/23/20	07/16/20	07/26/20	-0.25	0.00	0.00	-0.25
	CREDIT							
3933		07/23/20	07/18/20	07/28/20	-18.83	0.00	0.00	-18.83
	CREDIT							
4479576		07/23/20	07/22/20	08/01/20	3,948.58	0.00	0.00	3,948.58
	INVENTORY							
4479578		07/23/20	07/22/20	08/01/20	205.05	0.00	0.00	205.05
	INVENTORY							
4479577		07/23/20	07/22/20	08/01/20	2,408.63	0.00	0.00	2,408.63
	INVENTORY							
CM83410		07/23/20	07/22/20	08/01/20	-38.54	0.00	0.00	-38.54
	CREDIT							
4472975		07/25/20	07/19/20	07/29/20	7.82	0.00	0.00	7.82
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			16,717.03	0.00	0.00	16,717.03

Vendor#	Vendor Name			Class	Pay Code				
A2252	NADINE GARNER (day travel)			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	071719		07/22/20	07/17/20	07/17/20	32.34	46.36	0.00	0.00	46.36 32.34
		TRAVEL/GOLDEN CRESCENT Healthcare Coalition 7/17/19 (Mileage)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2252	NADINE GARNER			32.34	46.36	0.00	0.00	46.36 32.34
Vendor#	Vendor Name			Class	Pay Code				
11472	OCCUPRO LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	14074		07/10/20	07/07/20	08/06/20		458.67	0.00	0.00	458.67
		USER LICENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11472	OCCUPRO LLC				458.67	0.00	0.00	458.67
Vendor#	Vendor Name			Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1851022360		07/24/20	06/24/20	07/24/20		755.37	0.00	0.00	755.37
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				755.37	0.00	0.00	755.37
Vendor#	Vendor Name			Class	Pay Code				
11069	PABLO GARZA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	072319		07/23/20	07/23/20	07/23/20		2,077.50	0.00	0.00	2,077.50
		CONTRACT EMPLOYEE (7/9/19 - 7/22/19)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				2,077.50	0.00	0.00	2,077.50
Vendor#	Vendor Name			Class	Pay Code				
P1260	PENTAX MEDICAL COMPANY			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

92167894		07/23/20	06/11/20	07/06/20		1,986.20	0.00	0.00	1,986.20
	1YR SRV CONTRACT BRONCH								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1260	PENTAX MEDICAL COMPANY				1,986.20	0.00	0.00	1,986.20
Vendor#	Vendor Name				Class	Pay Code			
12708	POC ELECTRIC, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2874		07/23/20	07/19/20	07/19/20		1,000.00	0.00	0.00	1,000.00
	INSTALL 120V FOR N/O HEATER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name				Class	Pay Code			
12480	PRO ENERGY PARTNERS LP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19060600		07/22/20	07/11/20	07/26/20		2,436.89	0.00	0.00	2,436.89
	GAS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LP				2,436.89	0.00	0.00	2,436.89
Vendor#	Vendor Name				Class	Pay Code			
10896	QIAGEN INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98971293		07/11/20	07/02/20	08/01/20		1,373.49	0.00	0.00	1,373.49
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				1,373.49	0.00	0.00	1,373.49
Vendor#	Vendor Name				Class	Pay Code			
11080	RADSOURCE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC59258		07/16/20	07/12/20	08/06/20		1,667.00	0.00	0.00	1,667.00
	RAD SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11080	RADSOURCE				1,667.00	0.00	0.00	1,667.00
Vendor#	Vendor Name				Class	Pay Code			
11251	RAPID PRINTING LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5798		07/22/20	05/08/20	05/08/20		168.00	0.00	0.00	168.00
	HEALTHFAIR FOAM BOARDS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC				168.00	0.00	0.00	168.00
Vendor#	Vendor Name				Class	Pay Code			
11024	REED, CLAYMON, MEEKER & HARGET								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16982		07/22/20	07/15/20	07/15/20		24,750.00	0.00	0.00	24,750.00
	LEGAL								
17009		07/22/20	07/15/20	07/15/20		844.50	0.00	0.00	844.50
	LEGAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET				25,594.50	0.00	0.00	25,594.50
Vendor#	Vendor Name				Class	Pay Code			
S1001	SANOFI PASTEUR INC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

912258134	05/28/20 05/06/20 08/04/20		293.79	0.00	0.00	293.79		
INVENTORY								
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	S1001	SANOFI PASTEUR INC	293.79	0.00	0.00	293.79		

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
64923		07/22/20	07/12/20	07/27/20			9.05	0.00	0.00	9.05
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					9.05	0.00	0.00	9.05

Vendor#	Vendor Name	Class	Pay Code
S1850	SHIP SHUTTLE TAXI SERVICE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
848980		07/22/20	07/03/20	07/03/20			8.00	0.00	0.00	8.00
TRASPORT PT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE					8.00	0.00	0.00	8.00

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
072319		07/24/20	07/23/20	07/23/20			460.24	0.00	0.00	460.24
CONTRACT EMPLOYEE (7/13/19 - 7/23/19)										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI					460.24	0.00	0.00	460.24

Vendor#	Vendor Name	Class	Pay Code
11596	SKELETAL DYNAMICS, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV0063120		07/22/20	07/03/20	08/03/20			443.00	0.00	0.00	443.00
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11596	SKELETAL DYNAMICS, LLC					443.00	0.00	0.00	443.00

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
923273605		07/16/20	07/08/20	08/05/20			1,447.77	0.00	0.00	1,447.77
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW					1,447.77	0.00	0.00	1,447.77

Vendor#	Vendor Name	Class	Pay Code
S2353	SMITHS MEDICAL ASD INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15596466		07/22/20	07/04/20	08/03/20			87.46	0.00	0.00	87.46
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC					87.46	0.00	0.00	87.46

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6353058A		07/23/20	05/21/20	06/20/20			680.00	0.00	0.00	680.00
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	S2830	STRYKER SALES CORP				680.00	0.00	0.00	680.00

Vendor# Vendor Name — Class — Pay Code

11944 TALX CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1000641522	EP VERIFICATIONS	07/09/20	07/08/20	08/07/20			37.14	0.00	0.00	37.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION	37.14	0.00	0.00	37.14

Vendor# Vendor Name — Class — Pay Code

11140 TEXAS ADVANTAGE COMMUNITY BANK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
071519	LOAN PAYMENT (Interest 131.05)	07/22/20	07/15/20	07/15/20			3,690.52	0.00	0.00	3,690.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK	3,690.52	0.00	0.00	3,690.52

Vendor# Vendor Name — Class — Pay Code

T1880 TEXAS DEPARTMENT OF LICENSING — A/P

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
071919	(3) INSPECTION / ELEVATOR (	07/24/20	07/19/20	07/19/20			60.00	0.00	0.00	60.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	60.00	0.00	0.00	60.00

Vendor# Vendor Name — Class — Pay Code

11100 THE US CONSULTING GROUP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
340375221	TRASH SERVICE	07/12/20	07/10/20	08/04/20			242.69	0.00	0.00	242.69

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	242.69	0.00	0.00	242.69

Vendor# Vendor Name — Class — Pay Code

10732 THERACOM, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
211681760301	INVENTORY	05/31/20	05/21/20	08/01/20			2,346.12	0.00	0.00	2,346.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	2,346.12	0.00	0.00	2,346.12

Vendor# Vendor Name — Class — Pay Code

T2250 THYSSENKRUPP ELEVATOR CORP — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3004579870	OIL & GREASE ELEVATOR	07/22/20	05/01/20	05/01/20			1,269.69	0.00	0.00	1,269.69

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	1,269.69	0.00	0.00	1,269.69

Vendor# Vendor Name — Class — Pay Code

U1064 UNIFIRST HOLDINGS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400305598	LAUNDRY	07/12/20	07/08/20	08/02/20			47.15	0.00	0.00	47.15
8400305629	LAUNDRY	07/12/20	07/08/20	08/02/20			832.81	0.00	0.00	832.81
8400305599		07/12/20	07/08/20	08/02/20			57.35	0.00	0.00	57.35

	11166	WEST INTERACTIVE SERVICES CORP	480.96	0.00	0.00	480.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	534,218.89	0.00	0.00	534,218.89

pg 5 correction { <46.02) / +32.02

pg 8 correction { <46.36> / +32.36

534,218.89 +
46.02 −
32.02 +
46.36 −
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534,190.89 *

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APPROVED
ON
JUL 26 2019

CK# 181666-181735

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
JUL 25 2019
Calhoun County Auditor

07/25/2019 MEMORIAL MEDICAL CENTER 0
09:18 AP Open Invoice List
Dates Through: ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072319A		07/24/2019	07/23/2019	08/09/2019			2,728.00	0.00	0.00	2,728.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									
072319		07/24/2019	07/24/2019	08/09/2019			6,720.00	0.00	0.00	6,720.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									
072419		07/24/2019	07/24/2019	08/09/2019			5,320.00	0.00	0.00	5,320.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	14,768.00	0.00	0.00	14,768.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,768.00	0.00	0.00	14,768.00

APPROVED
ON
JUL 26 2019 CK# 181734

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/25/2019
09:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072319	07/24/2019	07/23/2019	08/09/2019				3,000.00	0.00	0.00	3,000.00

TRANSFER Nursing home insurance pymt sent to MMC in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOl	3,000.00	0.00	0.00	3,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,000.00	0.00	0.00	3,000.00

APPROVED
ON
JUL 26 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181740

07/25/2019
09:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PAR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072319	07/24/2019	07/23/2019	08/09/2019				93.34	0.00	0.00	93.34

TRANSFER Nursing home insurance payment sent to MMC in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CI	93.34	0.00	0.00	93.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	93.34	0.00	0.00	93.34

CK# 181737

RECEIVED
JUL 25 2019
Calhoun County Auditor

07/25/2019 MEMORIAL MEDICAL CENTER 0
09:28 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072319	07/24/2019	07/23/2019	08/09/2019				13,680.00	0.00	0.00	13,680.00 ✓

TRANSFER Nursing home insurance pymt sent to mmc in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	13,680.00	0.00	0.00	13,680.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,680.00	0.00	0.00	13,680.00

APPROVED
ON
JUL 26 2019
CK# 181741

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/25/2019 MEMORIAL MEDICAL CENTER 0
09:25 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072319A	07/24/2019	07/23/2019	08/09/2019				640.00	0.00	0.00	640.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									
072319	07/24/2019	07/23/2019	08/09/2019				1,430.00	0.00	0.00	1,430.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	2,070.00	0.00	0.00	2,070.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,070.00	0.00	0.00	2,070.00

APPROVED
ON
JUL 26 2019
CK# 181731
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/25/2019 MEMORIAL MEDICAL CENTER 0
09:27 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072319B	07/24/2019	07/23/2019	08/09/2019				35,920.25	0.00	0.00	35,920.25
	TRANSFER Nursing home insurance pymt sent to MMC in error									
072319A	07/24/2019	07/23/2019	08/09/2019				741.44	0.00	0.00	741.44
	TRANSFER Nursing home insurance pymt sent to MMC in error									
072319	07/24/2019	07/23/2019	08/09/2019				523.63	0.00	0.00	523.63
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	37,185.32	0.00	0.00	37,185.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	37,185.32	0.00	0.00	37,185.32

APPROVED
ON
JUL 26 2019
CK# 181738

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181666	07/31/19	398.00	3WON, LLC
A/P	181667	07/31/19	38.57	ACE HARDWARE 15521
A/P	181668	07/31/19	58.65	ACOG DISTRIBUTION CENTER
A/P	181669	07/31/19	620.00	ADVANCED PLUMBING
A/P	181670	07/31/19	4,388.60	ALCON LABORATORIES, INC.
A/P	181671	07/31/19	2,646.00	ALLYSON SWOPE
A/P	181672	07/31/19	2,400.00	APPLIED CARDIAC SYSTEMS
A/P	181673	07/31/19	4,531.39	BECKMAN COULTER INC
A/P	181674	07/31/19	250,000.00	CALHOUN COUNTY
A/P	181675	07/31/19	253.66	CARDINAL HEALTH 414, INC.
A/P	181676	07/31/19	2,965.64	CSI LEASING INC
A/P	181677	07/31/19	310.64	DEWITT POTH & SON
A/P	181678	07/31/19	169.36	DIANE MOORE
A/P	181679	07/31/19	133,798.58	DISCOVERY MEDICAL NETWORK INC
A/P	181680	07/31/19	900.00	DON BROWN ELEVATOR INSPECTIONS
A/P	181681	07/31/19	3,400.00	EDWARDS PLUMBING INC
A/P	181682	07/31/19	230.52	ERIN CLEVENGER
A/P	181683	07/31/19	3,410.18	FILTER TECHNOLOGY CO, INC
A/P	181684	07/31/19	85.64	FISHER HEALTHCARE
A/P	181685	07/31/19	132.50	GRAINGER
A/P	181686	07/31/19	754.82	GULF COAST PAPER COMPANY
A/P	181687	07/31/19	3,000.00	HEALTH SOLUTIONS DIETETICS
A/P	181688	07/31/19	17,205.19	HEALTHCARE EQUIPMENT FINANCE
A/P	181689	07/31/19	50.00	JECKER FLOOR & GLASS
A/P	181690	07/31/19	32.02	KYLE DANIEL
A/P	181691	07/31/19	1,483.60	LEGAL SHIELD
A/P	181692	07/31/19	1,190.86	M G TRUST
A/P	181693	07/31/19	1,423.64	MAINE STANDARDS CO., LLC
A/P	181694	07/31/19	544.41	MCKESSON MEDICAL SURGICAL INC
A/P	181695	07/31/19	5,185.05	MEDICAL TECHNOLOGY ASSOCIATES
A/P	181696	07/31/19	232.08	MEDIVATORS
A/P	181697	07/31/19	.00	VOIDED
A/P	181698	07/31/19	2,948.22	MEDLINE INDUSTRIES INC
A/P	181699	07/31/19	195.17	MEMORIAL MEDICAL CLINIC
A/P	181700	07/31/19	1,204.29	MERCK SHARP & DOHME CORP
A/P	181701	07/31/19	430.19	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	181702	07/31/19	103.74	MINDRAY DS USA, INC.
A/P	181703	07/31/19	13,845.44	MMC EMPLOYEE BENEFIT PLAN
A/P	181704	07/31/19	.00	VOIDED
A/P	181705	07/31/19	16,717.03	MORRIS & DICKSON CO, LLC
A/P	181706	07/31/19	32.36	NADINE GARNER
A/P	181707	07/31/19	458.67	OCCUPRO LLC
A/P	181708	07/31/19	755.37	ORTHO CLINICAL DIAGNOSTICS
A/P	181709	07/31/19	2,077.50	PABLO GARZA
A/P	181710	07/31/19	1,986.20	PENTAX MEDICAL COMPANY
A/P	181711	07/31/19	1,000.00	POC ELECTRIC, LLC
A/P	181712	07/31/19	2,436.89	PRO ENERGY PARTNERS LP
A/P	181713	07/31/19	1,373.49	QIAGEN INC
A/P	181714	07/31/19	1,667.00	RADSOURCE
A/P	181715	07/31/19	168.00	RAPID PRINTING LLC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181716	07/31/19	25,594.50	REED, CLAYMON, MEEKER & HARGET
A/P	181717	07/31/19	293.79	SANOFI PASTEUR INC
A/P	181718	07/31/19	9.05	SHERWIN WILLIAMS
A/P	181719	07/31/19	8.00	SHIP SHUTTLE TAXI SERVICE
A/P	181720	07/31/19	460.24	SHIRLEY KARNEI
A/P	181721	07/31/19	443.00	SKELETAL DYNAMICS, LLC
A/P	181722	07/31/19	1,447.77	SMITH & NEPHEW
A/P	181723	07/31/19	87.46	SMITHS MEDICAL ASD INC
A/P	181724	07/31/19	680.00	STRYKER SALES CORP
A/P	181725	07/31/19	37.14	TALX CORPORATION
A/P	181726	07/31/19	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	181727	07/31/19	60.00	TEXAS DEPARTMENT OF LICENSING
A/P	181728	07/31/19	242.69	THE US CONSULTING GROUP
A/P	181729	07/31/19	2,346.12	THERACOM, LLC
A/P	181730	07/31/19	1,269.69	THYSSENKRUPP ELEVATOR CORP
A/P	181731	07/31/19	3,389.85	UNIFIRST HOLDINGS INC
A/P	181732	07/31/19	324.06	UNIFORM ADVANTAGE
A/P	181733	07/31/19	3,707.52	WAGEWORKS
A/P	181734	07/31/19	379.37	WERFEN USA LLC
A/P	181735	07/31/19	480.96	WEST INTERACTIVE SERVICES CORP
A/P	181736	07/31/19	14,768.00	ASHFORD GARDENS
A/P	181737	07/31/19	93.34	BROADMOOR AT CREEKSIDE PARK
A/P	181738	07/31/19	37,185.32	GOLDENCREEK HEALTHCARE
A/P	181739	07/31/19	2,070.00	GULF POINTE PLAZA
A/P	181740	07/31/19	3,000.00	SOLERA WEST HOUSTON
A/P	181741	07/31/19	13,680.00	THE CRESCENT
TOTALS:			604,987.55	

APPROVED
ON
JUL 30 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 534,190.89 +
Nursing Homes
14,768.00 +
3,000.00 +
93.34 +
13,680.00 +
2,070.00 +
37,185.32 +
604,987.55 *

McKESSON

Company 8000

STATEMENT

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/26/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/27/2019

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/26/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/27/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,316.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/30/2019, Pay This Amount: 5,210.35 USD

If Paid After 07/30/2019, Pay this Amount: 5,316.68 USD

Due If Paid On Time: USD 5,210.35

Disc lost if paid late: 106.33

Due If Paid Late: USD 5,316.68

CK# 500014
GL# 10031000

65.30 +
1,050.65 +
2,713.29 +
1,381.11 +
5,210.35 *

APPROVED
ON
JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/26/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/27/2019

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/26/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 07/27/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/24/2019	07/30/2019	7146943015	2017009041	115Invoice		0.06		0.06	✓	7146943015	
07/26/2019	07/30/2019	7147435487	2017009067	115Invoice	1.33	66.57		65.24	✓	7147435487	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 66.63 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,387.31
07/22/2019

If Paid By 07/30/2019,
Pay This Amount: 65.30 USD

If Paid After 07/30/2019,
Pay this Amount: 66.63 USD

Due If Paid On Time:
USD 65.30

Disc lost if paid late: 1.33

Due If Paid Late:
USD 66.63

APPROVED
ON

JUL 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/26/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/27/2019

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/26/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 07/27/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/25/2019	07/30/2019	7147205608	525968	115Invoice	21.29	1,064.46		1,043.17 ✓		7147205608	
07/25/2019	07/30/2019	7147205609	525968	115Invoice	0.15	7.63		7.48 ✓		7147205609	

PF column legend: **P = Past Due Item, F = Future Due Item, blank = Current Due Item**

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1,072.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,387.31
07/22/2019

If Paid By 07/30/2019,
Pay This Amount: 1,050.65 USD

If Paid After 07/30/2019,
Pay this Amount: 1,072.09 USD

Due If Paid On Time:
USD 1,050.65

Disc lost if paid late: 21.44

Due If Paid Late:
USD 1,072.09

APPROVED
ON
JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company 8000

STATEMENT

As of: 07/26/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/27/2019

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/26/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/27/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/22/2019	07/30/2019	7146477919	0721191254-00	115Invoice	3.68	183.86		180.18	✓	7146477919	
07/24/2019	07/30/2019	7146966831	0719191008-00	115Invoice	0.07	3.58		3.51	✓	7146966831	
07/24/2019	07/30/2019	7146966832	0959800261	115Invoice	1.23	61.73		60.50	✓	7146966832	
07/24/2019	07/30/2019	7146966833	1124335	115Invoice	8.30	415.24		406.94	✓	7146966833	
07/24/2019	07/30/2019	7146966834	0723190603-00	115Invoice	0.01	0.33		0.32	✓	7146966834	
07/25/2019	07/30/2019	7147205055	0959800262	115Invoice	11.74	586.95		575.21	✓	7147205055	
07/25/2019	07/30/2019	7147205056	0724190336-00	115Invoice	7.89	394.51		386.62	✓	7147205056	
07/25/2019	07/30/2019	7147325286	750212261	195Invoice	0.02	0.95		0.93	✓	7147325286	
07/26/2019	07/30/2019	7147454980	0959800263	115Invoice	16.62	830.76		814.14	✓	7147454980	
07/26/2019	07/30/2019	7147565329	750452479	195Invoice		0.09		0.09	✓	7147565329	
07/26/2019	07/30/2019	7147607316	00007252019AS	115Invoice	5.81	290.66		284.85	✓	7147607316	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,768.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,387.31
07/22/2019

If Paid By 07/30/2019,
Pay This Amount: 2,713.29 USD

If Paid After 07/30/2019,
Pay this Amount: 2,768.66 USD

Due If Paid On Time:
USD 2,713.29

Disc lost if paid late:
55.37

Due If Paid Late:
USD 2,768.66

APPROVED
ON
JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/26/2019 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 07/27/2019

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/26/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 07/27/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
07/26/2019	07/30/2019	7147430223	55x441834	115Invoice	28.19	1,409.30		1,381.11	✓	7147430223	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 1,409.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,387.31
07/22/2019

If Paid By 07/30/2019,
Pay This Amount: 1,381.11 USD

If Paid After 07/30/2019,
Pay this Amount: 1,409.30 USD

Due If Paid On Time:
USD 1,381.11
Disc lost if paid late: 28.19

Due If Paid Late:
USD 1,409.30

APPROVED
ON
JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58186547 Date: 07-26-2019

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due:	0.00
Current:	361.39
Past Due:	0.00
Total Due:	361.39
Account Balance:	361.39

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
07-22-2019	08-02-2019	3025264296	148536	Invoice	17.55
07-22-2019	08-02-2019	3025264297	148540	Invoice	163.40
07-22-2019	08-02-2019	3025310459	148589	Invoice	129.28
07-22-2019	08-02-2019	3025310890	148590	Invoice	7.24
07-23-2019	08-02-2019	3025349624	148600	Invoice	1.55
07-24-2019	08-02-2019	3025398653	148615	Invoice	12.07
07-25-2019	08-02-2019	3025446985	148623	Invoice	6.68
07-26-2019	08-02-2019	3025502570	148639	Invoice	23.62

Thank You for Your Payment

Date	Payment Number	Amount
07-26-2019		(1,115.54)

Reminders

Due Date	Amount
08-02-2019	361.39
Total Due:	361.39

Terms:
Monday - Friday due in 7 days

owd Fo

APPROVED
ON
JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 500015
Ck# 60310000

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --July 22, 2019 - July 28, 2019

Date	Bank Description	MMC Notes	Amount		CPSI "Handwritten Check" #
7/22/2019	ACH Payment FDGL LEASE PYMT 052-1312971-000 410001277020	- Credit Card Machine Lease Expense	151.23		300062
7/22/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000696730510	- 3rd Party Payor Fee	72.61		300063
7/23/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03869421 910000115	- 340B Drug Program Expense	2387.31	*	500011
7/23/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000697431424	- 3rd Party Payor Fee	2.04		300064
7/24/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698133163	- 3rd Party Payor Fee	36.29		300065
7/26/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1115.54	*	500012
7/26/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699368536	- 3rd Party Payor Fee	1.81		300066
7/26/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122654673133	- Payroll	304255.33	*	
7/26/2019	CM Wire Domestic WIRE OUT CBNA Incoming Settlement Account	-CitiBank Corporate Card Payment	1450.61	*	300067
			309,472.77		

July 29, 2019

Diane Moore, CFO
Memorial Medical Center

*Approved 07.29.19 cc

0 • C

Credit Card Machine Lease
151 • 23 +
151 • 23 *

Pay Plus
72 • 61 +
2 • 04 +
36 • 29 +
1 • 81 +
112 • 75 *

151 • 23 +
112 • 75 +
263 • 98 *

309 • 472 • 77 +
2 • 387 • 31 −
1 • 115 • 54 −
304 • 255 • 33 −
1 • 450 • 61 −
263 • 98 *

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181624	07/24/19	586.26	MMC EMPLOYEE BENEFIT PLAN
A/P	181625	07/24/19	.00	VOIDED
A/P	181626	07/24/19	9,765.67	MORRIS & DICKSON CO, LLC
A/P	181627	07/24/19	3,306.88	NOVA BIOMEDICAL
A/P	181628	07/24/19	180.93	OLYMPUS AMERICA INC
A/P	181629	07/24/19	2,000.00	PARA
A/P	181630	07/24/19	834.00	PATRICK OCHOA
A/P	181631	07/24/19	710.00	PORT LAVACA WAVE
A/P	181632	07/24/19	11.98	POWER HARDWARE
A/P	181633	07/24/19	119.08	PRECISION DYNAMICS CORP (PDC)
A/P	181634	07/24/19	5,675.00	PREMIER SLEEP DISORDERS CENTER
A/P	181635	07/24/19	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	181636	07/24/19	45.47	RED HAWK FIRE AND SECURITY
A/P	181637	07/24/19	2,374.75	REVCYCLE+, INC.
A/P	181638	07/24/19	1,175.00	RX WASTE SYSTEMS LLC
A/P	181639	07/24/19	37.55	SCHOOL SPECIALTY
A/P	181640	07/24/19	96.18	SHERWIN WILLIAMS
A/P	181641	07/24/19	4,266.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	181642	07/24/19	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	181643	07/24/19	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	181644	07/24/19	5,699.00	T-SYSTEM, INC
A/P	181645	07/24/19	4,345.00	TEXAS MUTUAL INSURANCE CO
A/P	181646	07/24/19	251.42	THE BRATTON FIRM
A/P	181647	07/24/19	341.41	THE STRETCHER PAD CO.
A/P	181648	07/24/19	1,639.22	THE US CONSULTING GROUP
A/P	181649	07/24/19	1,033.87	TLC STAFFING
A/P	181650	07/24/19	294.75	TRI-ANIM HEALTH SERVICES INC
A/P	181651	07/24/19	2,496.07	TRIZETTO PROVIDER SOLUTIONS
A/P	181652	07/24/19	75.00	TROEMNER, LLC
A/P	181653	07/24/19	3,017.56	UNIFIRST HOLDINGS INC
A/P	181654	07/24/19	38,332.35	VICTORIA ANESTHESIOLOGY
A/P	181655	07/24/19	750.00	VMC SIGNS INC
A/P	181656	07/24/19	148.50	WALLER,LANSDEN, DORTCH & DAVIS
A/P	181657	07/24/19	874.44	WERFEN USA LLC
A/P	181658	07/24/19	19,125.00	WOUND CARE SPECIALISTS
A/P	181659	07/24/19	6,649.50	ASHFORD GARDENS
A/P	181660	07/24/19	11,227.42	GOLDENCREEK HEALTHCARE
A/P	181661	07/24/19	4,400.00	GULF POINTE PLAZA
A/P	181662	07/24/19	4,312.17	THE CRESCENT
A/P	181663	07/24/19	110.35	[redacted]
A/P	181664	07/24/19	98.00	[redacted]
A/P *	181665	07/24/19	114.12	[redacted]
A/P	300062	07/22/19	151.23	FDGL LEASE PYMT
A/P	300063	07/22/19	72.61	PAY PLUS
A/P	300064	07/23/19	2.04	PAY PLUS
A/P	300065	07/24/19	36.29	PAY PLUS
A/P	300066	07/26/19	1.81	PAY PLUS
A/P *	300067	07/26/19	1,450.61	WIRE OUT CBNA
A/P	500011	07/23/19	2,387.31	MCKESSON
A/P	500012	07/26/19	1,115.54	AMERISOURCE
TOTALS:			340,130.45	

Electronic Transfers

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/29/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		132,678.17 ✓	132,578.17 ✓	214,035.71 ✓		-	214,135.71 ✓	181,156.22
						Bank Balance	214,135.71 ✓	
						Variance	-	
						Leave in Balance	100.00	
							-	
Routing Information for Ashford Gardens:						**MMC Portion QIPP 1**	**32,879.49** ✓	
Ashford Health Care Center Ltd Co						**MMC Portion QIPP 2,3,Lapse**	-	
JP Morgan Chase Bank						**July Interest**	-	
ABA						**August Interest**	-	
Acco						**September Interest**	-	
							-	
						Adjust Balance/Transfer Amt	**181,156.22** ✓	
Broadmoor	7	375,227.59 ✓	375,127.59 ✓	88,710.25 ✓		-	88,810.25 ✓	82,302.98
						Bank Balance	88,810.25 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	**6,407.27** ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	-	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	**82,302.98** ✓	
Crescent		121,324.59 ✓	121,224.59 ✓	394,121.90 ✓		-	394,221.90 ✓	387,753.38
						Bank Balance	394,221.90	
						Variance	-	
						Leave in Balance	100.00	
							-	
						MMC Portion QIPP 1	**6,368.52** ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	-	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	**387,753.38** ✓	
Fort Bend		63,526.54 ✓	63,426.54 ✓	67,385.39 ✓		-	67,485.39 ✓	53,919.12
						Bank Balance	67,485.39 ✓	
						Variance	-	
						Leave in Balance	100.00	
							-	
						MMC Portion QIPP 1	**13,466.27** ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	-	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	**53,919.12** ✓	
Solera at W Houston		188,617.81 ✓	188,517.81 ✓	504,680.93 ✓			504,780.93	495,319.56
						Bank Balance	504,780.93 ✓	
						Variance	-	
						Leave in Balance	100.00	
							-	
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:						**MMC Portion QIPP 1**	**9,361.37** ✓	
Cantex Health Care Centers III LLC						**MMC Portion QIPP 2,3,Lapse**	-	
JP Morgan Chase Bank						**July Interest**	-	
ABA 1						**August Interest**	-	
Accou						**September Interest**	-	
							-	
						Adjust Balance/Transfer Amt	**495,319.56** ✓	
						TOTAL TRANSFERS		**1,200,451.26** ✓

181,156.22 +
82,302.98 +
387,753.38 +
53,919.12 +
495,319.56 +
1,200,451.26 *

Note: Only balances of over $5,000 will be transferred to the
Note 2: Each account has a base balance of $100 that MMC

Approved:

Diane C. Moore, CFO 7/29/2019

APPROVED
ON
JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/24/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00826222 42000010		11,638.98	11,638.98				11,638.98	-
7/24/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,144.43					-	1,144.43
7/24/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000181		102,143.98					-	102,143.98
7/24/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		4,920.00					-	4,920.00
7/25/2019	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	111,194.23						-	-
7/25/2019	Deposit		6,649.50					-	6,649.50
7/25/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,230.00					-	1,230.00
7/25/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		685.68					-	685.68
7/25/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,716.50					-	9,716.50
7/25/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000148		158.86					-	158.86
7/25/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		6,908.76					-	6,908.76
7/26/2019	Check #62	21,383.94						-	-
7/26/2019	ACH Deposit Amerigroup TXSC HCCLAIMPMT 3104971536 111000		31,913.29					-	31,913.29
7/26/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51880831 111000		21,240.51	21,240.51				21,240.51	-
7/26/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		15,685.22					-	15,685.22
		132,578.17	214,035.71	32,879.49	-	-	-	32,879.49	181,156.22

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/22/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		26.01					-	26.01
7/22/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		577.79					-	577.79
7/22/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000192		10,063.53					-	10,063.53
7/22/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005749535		1,568.26					-	1,568.26
7/23/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		3,777.69					-	3,777.69
7/23/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000109		9,782.58					-	9,782.58
7/24/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00826372 42000010		2,268.10	2,268.10				2,268.10	-
7/24/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,268.00					-	2,268.00
7/24/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		10,731.33					-	10,731.33
7/25/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	370,960.13						-	-
7/25/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,480.98					-	2,480.98
7/26/2019	Check #28	4,167.46						-	-
7/26/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51880834 111000		4,139.17	4,139.17				4,139.17	-
7/26/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		12,010.50					-	12,010.50
7/26/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,330.56					-	7,330.56
7/26/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		2,905.00					-	2,905.00
7/26/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000149		5,604.83					-	5,604.83
7/26/2019	ACH Deposit HHBP LA HCCLAIMPMT 390861 42000014325845 DIS		13,175.92					-	13,175.92
		375,127.59	88,710.25	6,407.27	-	-	-	6,407.27	82,302.98

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/22/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		9,990.00					-	9,990.00
7/22/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000192		262,657.53					-	262,657.53
7/22/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005749536		1,618.05					-	1,618.05
7/23/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		2,648.00					-	2,648.00
7/23/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000109		10,347.22					-	10,347.22
7/24/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00826352 42000010		2,254.38	2,254.38				2,254.38	-
7/24/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,010.00					-	7,010.00
7/24/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		997.50					-	997.50
7/24/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		1,341.19					-	1,341.19
7/25/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	117,083.09						-	-
7/25/2019	Deposit		4,312.17					-	4,312.17
7/25/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000003268 41		2,947.50					-	2,947.50
7/25/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,849.78					-	9,849.78
7/25/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000148		13,699.30					-	13,699.30
7/26/2019	Check #57	4,141.50						-	-
7/26/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000003268 41		1,913.02					-	1,913.02
7/26/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51880833 111000		4,114.14	4,114.14				4,114.14	-
7/26/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		18,000.00					-	18,000.00
7/26/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		13,795.38					-	13,795.38
7/26/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000149		9,551.51					-	9,551.51
7/26/2019	ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000587270		1,224.15					-	1,224.15
7/26/2019	ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000586905		331.70					-	331.70
7/26/2019	ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001430		15,519.38					-	15,519.38
		121,224.59	394,121.90	6,368.52	-	-	-	6,368.52	387,753.38

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/22/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000192		806.04					-	806.04
7/22/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005749536		1,709.09					-	1,709.09
7/22/2019	ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390863 4200001913		2,000.34					-	2,000.34
7/24/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00826256 42000010		4,766.92	4,766.92				4,766.92	-
7/24/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000180		31,182.85					-	31,182.85
7/25/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	54,668.66						-	-
7/25/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000148		10,641.54					-	10,641.54
7/26/2019	Check #55	8,757.88						-	-
7/26/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51880830 111000		8,699.35	8,699.35				8,699.35	-
7/26/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,579.26					-	7,579.26
		63,426.54	67,385.39	13,466.27	-	-	-	13,466.27	53,919.12

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/22/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		17,630.00					-	17,630.00
7/22/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,496.24					-	1,496.24
7/22/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,859.64					-	2,859.64
7/22/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001913		5,184.82					-	5,184.82
7/22/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		4,355.00					-	4,355.00
7/23/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000109		316,269.70					-	316,269.70
7/23/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005063652		2,791.83					-	2,791.83
7/23/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001913		23,196.74					-	23,196.74
7/23/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001913		609.56					-	609.56
7/24/2019 ACH Deposit MOLINA HEALTHCAR MOLNAACH 00826339 42000010		3,313.81	**3,313.81**				**3,313.81**	-
7/24/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		156.18					-	156.18
7/24/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005368844		9,235.89					-	9,235.89
7/24/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		4,038.32					-	4,038.32
7/25/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	182,429.24						-	-
7/25/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		4,095.00					-	4,095.00
7/25/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3104895929 111000		1,411.00					-	1,411.00
7/25/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,050.00					-	2,050.00
7/25/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,980.59					-	6,980.59
7/25/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		239.50					-	239.50
7/25/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000148		1,027.45					-	1,027.45
7/25/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		301.71					-	301.71
7/26/2019 Check #55	6,088.57						-	-
7/26/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3104971537 111000		10,965.81					-	10,965.81
7/26/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51880832 111000		6,047.56	**6,047.56**				**6,047.56**	-
7/26/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		14,032.63					-	14,032.63
7/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,466.21					-	5,466.21
7/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000149		53,112.45					-	53,112.45
7/26/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390862 830000586905		7,813.29					-	7,813.29
	188,517.81	**504,680.93**	**9,361.37**	**-**	**-**	**-**	**9,361.37**	**495,319.56**
TOTALS	**880,874.70**	**1,268,934.18**	**68,482.92**	**-**	**-**	**-**	**68,482.92**	**1,200,451.26**

Home

ALL ACCOUNTS FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$285,213.01	$214,135.71
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$123,718.13	$88,810.25
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$403,261.05	$394,221.90
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$546,821.21	$504,780.93
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$77,884.78	$67,485.39
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/29/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		80,465.01 ✓	80,365.01 ✓	57,207.23 ✓	-	-	57,307.23	**57,207.23**
						Bank Balance	57,307.23	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	-	
Routing Information for Golden Creek:						**August Interest**	-	
Nexion Health at Golden Creek						**September Interest**	-	
Wells Fargo Bank, N.A.							-	
ABA 1							-	
Accou						**Adjust Balance/Transfer Amt**	**57,207.23**	✓

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved:
Diane C. Moore, CFO 7/29/2019

APPROVED
ON

JUL 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/25/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	80,365.01 ✓						-	-
7/25/2019 Deposit		11,227.42 ✓					-	11,227.42
7/25/2019 ACH Deposit ACH SETTLEMENT SERVICE 4105523439 9601693673		947.57 ✓					-	947.57
7/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000149		45,032.24 ✓					-	45,032.24
	80,365.01 ✓	**57,207.23** ✓	-	-	-	-	-	**57,207.23**

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ★	$83,408.13	$57,307.23
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/29/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza Private Pay		100.29	0.16	-		-	-	100.13	No Transfer
		100.13 cleared bank on 7/9/19					Bank Balance	100.13	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	-	
							August Interest	-	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	0.13	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza Medicare/Medicaid		3,217.84	-	4,400.00		-	-	7,617.84	7,517.84
							Bank Balance	7,617.84	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	-	
							August Interest	-	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	7,517.84	

TOTAL TRANSFERS	7,517.84

Routing Information for Gulf Pointe Plaza:

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved:
Diane C. Moore, CFO 7/29/2019

APPROVED
ON
JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
No Bank Activity for this period								
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
7/25/2019 Deposit		4,400.00						4,400.00
								-
	-	**4,400.00**	-	-	-	-	-	**4,400.00**

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433 ★	$100.13	$100.13
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ★	$7,617.84	$7,617.84

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/29/19

APPROVED ON JUL 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 00043

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $32,879.49

G/L NUMBER: 21000012

EXPLANATION: Ashford- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CEO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHA	000063	07/31/19	32,879.49	MMC OPERATING
TOTALS:			32,879.49	

Ashford

APPROVED
ON

JUL 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/29/19

APPROVED ON JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $6,407.27

G/L NUMBER: 21000009

CK# 000021

EXPLANATION: Broadmoor- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000029	07/31/19	6,407.27	MMC OPERATING
TOTALS:			6,407.27	

Broadmoor

APPROVED
ON

JUL 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/29/19

APPROVED ON JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

CK# 000054

AMOUNT: $9,361.37

G/L NUMBER: 21000011

EXPLANATION: Solera- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000056	07/31/19	9,361.37	MMC OPERATING
TOTALS:			9,361.37	

Solem

APPROVED
ON

JUL 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/29/19

APPROVED ON JUL 29 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000058

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $6,368.52

G/L NUMBER: 21000010

EXPLANATION: Crescent- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000058	07/31/19	6,368.52	MMC OPERATING Crescent
TOTALS:			6,368.52	

APPROVED
ON

JUL 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/29/19

APPROVED ON JUL 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000054

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $13,466.27

G/L NUMBER: 21000008

EXPLANATION: Fort Bend- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000056	07/31/19	13,466.27	MMC OPERATING Fort Mead
TOTALS:			13,466.27	

APPROVED
ON

JUL 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IPP Payment to MMC from Nursing Facilities **Commissioner's Court** **7/31/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE			TOTAL		Date
ishford	10000018 - Prosperity	63	MMC -Prosperity Operating #10000001	21000012	32,879.49				32,879.49		7/31/2019
oadmoor	10000019 - Prosperity	29	MMC -Prosperity Operating #10000001	21000009	6,407.27				6,407.27		7/31/2019
escent	10000020 - Prosperity	58	MMC -Prosperity Operating #10000001	21000010	6,368.52				6,368.52		7/31/2019
rt Bend	10000021 - Prosperity	56	MMC -Prosperity Operating #10000001	21000008	13,466.27				13,466.27		7/31/2019
lden Creek	10000023 - Prosperity	39	MMC -Prosperity Operating #10000001	21000013					-		
lera	10000022 - Prosperity	56	MMC -Prosperity Operating #10000001	21000011	9,361.37				9,361.37		7/31/2019
				Total:	68,482.92	-	-	-	68,482.92		

Note:

Approved:
Diane Moore, CFO 7/29/2019

9,361.27 +
32,879.49 +
6,407.27 +
6,368.52 +
13,466.27 +
68,482.92 =

APPROVED
ON
JUL 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS No 56

88-2265
1131

7-31-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 9,361.37

Nine Thousand Three Hundred Sixty-One 37/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

county Auditor

county Treasurer

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87DV No. 63

88-2265
1131

7-31-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 32,879.49

Thirty-two Thousand Eight Hundred Seventy Nine 49/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

county Auditor

county Treasurer

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000029

88-2265/1131

Date 7-31-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6,407.27

Six Thousand Four Hundred Seven 27/100 DOLLARS

PROSPERITY BANK

FOR QIPP comp 1

county Auditor

county Treasurer

MP

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000058

88-2265/1131

Date 7-31-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 6,368.52

Six Thousand Three Hundred Sixty-Eight 52/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1

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MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

M

000056

88-2265/1131

Date 7-31-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 13,466.27

Thirteen Thousand Four Hundred Sixty-six 27/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1